

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

April 17, 2012

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: MARTA E. STAGLIANO, CHIEF, COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1200 – PRESCRIBED DRUGS

BACKGROUND AND EXPLANATION

Medicaid Services Manual (MSM) Chapter 1200, Appendix A, Prescribed Drugs has revisions that are being made to reflect approved actions by the Drug Use Review (DUR) Board at the April 28, 2011 and January 26, 2012 meetings.

The DUR Board is a requirement of the Social Security Act to identify and reduce fraud, abuse, overuse, and medically unnecessary care. The DUR Board also works to minimize drug interactions, drug-induced illness, and undesirable drug reactions in recipients.

On April 28, 2011, the DUR Board approved prior authorization criteria for Makena and removed the prior authorization criteria for Ramipril. On January 26, 2012, the DUR Board approved criteria for Boceprevir (Victrelis®), and Telaprevir (Incivek®). Discussed at the January 26, 2012 DUR meeting was the proposed plan by DHCFP to reimburse pharmacists for the administration of immunizations/vaccines. Pharmacists must adhere to all Board of Pharmacy regulations related to the administration of vaccines/immunizations.

Throughout Chapter 1200, all references to Magellan Medicaid Administration (MMA) were removed. All general eligibility or provider requirements already found in MSM Chapter 100 were deleted. Grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections as necessary.

These changes are effective April 18, 2012.

MATERIAL TRANSMITTED

MTL 07/12
CHAPTER 1200 – PRESCRIBED DRUGS

MATERIAL SUPERSEDED

MTL 21/03, 31/09, 50/10, 15/11
CHAPTER 1200 – PRESCRIBED DRUGS

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1201	Authority	Moved H to D and deleted the public law internet link as it is no longer active.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1203.1A.1	Pharmaceuticals – Coverage and Limitations - Covered	Clarified existing language and added a reference to the Addendum for additional information regarding tamper-resistant prescription pads.
1203.1A.2	Pharmaceuticals – Coverage and Limitations – Standard Preferred Drug List Exception Criteria	Information was moved from Appendix A.
1203.1A.4	Pharmaceuticals – Coverage and Limitations – Refills	Previously numbered 1203.1A.3. Removed example related to refill intervals and added a reference to the Quantity of Medication section for additional information on maintenance medications.
1203.1A.5	Pharmaceuticals – Coverage and Limitations – Early Refills	Previously numbered 1203.1A.4. Removed the reference to the Point of Sale Manual for a list of acceptable overrides.
1203.1A.6	Pharmaceuticals – Coverage and Limitations – Quantity of Medication	Previously numbered 1203.A1.5. Removed the reference to another manual section within the chapter.
1203.1A.6	Pharmaceuticals – Coverage and Limitations – Time Limits	Deleted the section related to time limits for claims submission as information is duplicative of policies noted in Chapter 100 of the MSM.
1203.1A.9	Pharmaceuticals – Coverage and Limitations – Immunizations	Clarified the existing language and added policy indicating that pharmacies may administer childhood and adult /immunizations. Pharmacies must follow Board of Pharmacy regulations for administration of vaccines/immunizations.
1203.1B.1	Provider Responsibility	Clarified existing language and removed language related to provider enrollment with Nevada Medicaid as this information is located in MSM Chapter 100.

Deleted the references to specific sections and POS

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		system contractor.
		Added reference to Nevada Medicaid and NCU Pharmacy Manual.
1203.1B.2.a.	Provider Responsibility-Utilization Control	Clarified existing language and removed language regarding eligibility, verification of eligibility, and HMO/MCO reimbursement as this information is duplicative of information noted in MSM Chapter 100.
1203.1C	Recipient Responsibility	Deleted this section as duplicate information can be found in MSM Chapter 100.
1203.1C	Service Delivery Model	Previously numbered 1203.1D. Clarified existing language and removed language regarding Third Party Liability as this information is duplicative of policies noted in MSM Chapter 100. Also updated the internet link to obtain State Maximum Allowable Cost (SMAC) information and changed references to the appropriate Chapters, Sections and Billing Manual where appropriate.
1203.1D	Authorization Procedures	Previously numbered 1203.1E. Clarified existing language and removed references to the prior fiscal agent MMA. Updated references.
1203.2	Intravenous (IV) Therapy Provider Type 37	Clarified existing language and removed language referring providers to the Pharmacy Manual but rather directed them to the Pharmacy vendor for billing questions.
Appendix A		MSM Chapter 1200, Appendix A, Prescribed Drugs has revisions that are being made to reflect actions that were approved by the Drug Use Review Board. The changes will require prior authorization and/or quantity limitations for drugs/drug classes.
Appendix A	Table of Contents	Updated Table of Contents.
Appendix A		Throughout the entire Appendix, references to the Prior Authorization Form name have been removed and the Internet link to obtain the form has been revised. In addition, references to the previous fiscal agent MMA have been either removed or replaced with the new fiscal agent Hewlett Packard

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		Enterprise Services (HPES).
Appendix A Section 1.B.1	Drugs Requiring Prior Authorization-Cox 2 Inhibitors – Coverage and Limitations	Deleted familial adenomatous polyposis (FAP) from the Indications.
Appendix A Section 1.J	Drugs Requiring Prior Authorization- Altace® (Ramipril)	Deleted this section.
Appendix A Section 1.T	Drugs Requiring Prior Authroization- Standard Preferred Drug List Exception Criteria	Deleted this section.
Appendix A Section 2.N	Drugs with Quantity Limitations- Makena (Criteria for Physician Administered Drug)	Added new policy and clinical criteria regarding Makena.
Appendix A Section 2.O	Drugs with Quantity Limitations- Victrelis® (boceprevir)	Added new policy and clinical criteria regarding Victrelis® (boceprevir).
Appendix A Section 2.P	Drugs with Quantity Limitations- Incivek® (telaprevir)	Added new policy and clinical criteria regarding Incivek® (telaprevir)
Appendix A Section 4	Antiretrovirals	Removed language regarding HMO coverage for antiretrovirals.